



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

5/B
DL
1-8-04

Appl. No. : 10/062,859
Applicant(s) : Mohamed K. Diab et al.
Filed : January 30, 2002
TC/A.U. : 3736
Examiner : Eric F. Winakur
Title : SIGNAL PROCESSING
APPARATUS

Docket No. : MASIMO.7CP1C9
Customer No. : 20,995

Confirmation No. : 7395

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated below and are addressed to: Commissioner for Patents, United States Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, on

October 17, 2003
(Date)

John M. Grover, Reg. No. 42,610

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TECHNOLOGY CENTER R3700

Mail Stop Non-Fee Amendment
Commissioner for Patents
United States Patent and Trademark Office
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AND RESPONSE TO OFFICE ACTION DATED JULY 8, 2003

Sir:

In response to the Office action of July 8, 2003, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

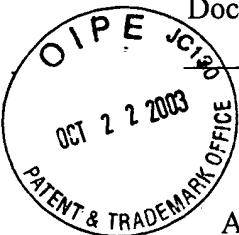
Remarks/Arguments begin on page 11 of this paper.

12/29/2003 SDENBOB1 00000022 111410 10062859
01 FC:1201 4.00 DA 168.00 OP

01/12/2004 DLILES 00000013 111410 10062859

01 FC:1251 110.00 DA

B



Docket No.: MASIMO.701C9

3736/2
Customer No.: 20,995

AMENDMENT / RESPONSE TRANSMITTAL

Applicant : Mohamed K. Diab et al.
App. No. : 10/062,859
Filed : January 30, 2002
For : SIGNAL PROCESSING
APPARATUS
Examiner : Eric F. Winakur
Art Unit : 3736

CERTIFICATE OF MAILING

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P.O. Box 1450
Alexandria, VA 22313-1450

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TECHNOLOGY CENTER R3700

Sir:

Transmitted herewith for filing in the above-identified application are the following enclosures:

(X) Amendment and Response to Office Action in 11 pages.

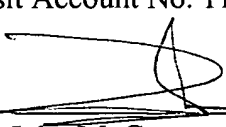
The fee has been calculated as shown below:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
Total Claims	20 - 89 = 0	1202 (\$18)	0 x 18 =	\$0
Independent Claims	10 - 8 = 2	1201 (\$84)	2 x 84 =	\$168
Multiple Claim		1203 (\$280)		\$0
			TOTAL FEE DUE	\$168

(X) Return prepaid postcard.

(X) A check in the amount of \$168 to cover filing fees.

(X) Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.


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